2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-12-2001 90463 019 ****70.00

DOCUMENT # N93000005209

1. Entity Name

MENTAL HEALTH ASSOCIATION OF PALM BEACH COUNTY,

31839

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
909 FERN ST. WEST PALM BEACH FL 33401	909 FERN ST. WEST PALM BEACH FL 33401

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0760220 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENARD, THOMAS
102 NE 22ND ST
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name: Mary J. Andrews
Street Address (P.O. Box Number is Not Acceptable): 909 Fern Street
City: West Palm Beach, FL Zip Code: 33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Mary J. Andrews MARY J. ANDREWS 3/22/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WEAVER, KATHLEEN PO BOX 19600 MSF710-20 WEST PALM BEACH FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PAPATHEODOROU, NOREEN 1735 LANDS END RD PT MANALAPAN FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VRECHEK, NANCY 725 NORTH HIGHWAY A1A SUITE E204 JUPITER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIRIAM DAVIS 2700 PGA BLVD #108 PALM BCH GDNS FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS McGraw, Stephen Palm Beach County Courthouse 205 N Dixie Hwy, West Palm Beach FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SUSMAN, CAROLYN 206 GREYMON DR WPB FL 33405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SHAPIRO, FRED 505 SOUTH FLAGLER DR #700 WEST PALM BCH FL 33416	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary J. Andrews REQUIRED Mary J. Andrews 3/1/01 (561) 832-3755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #